

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

31 SE 10 CW SWE
T R EW sec 1/4 1/2 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Cowley	Township name Salem	Fraction <i>CW 1/2</i> SW 1/4 - NE 1/4	Section number 10	Town number 31 S	Range number 5 E.																											
Distance and direction from nearest town or city: 1/2 mi. E of w/mot				3 Owner of well: RW PATTERSON																													
Street address of well location if in city:				Address: Winfield, Kans.																													
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>well 60' x 2'</i> <i>Septic LAT</i> <i>Mobil Home</i>		4 Well depth: 100 ft. Date of completion 6-28-74 Well diameter 12 in.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td>0</td> <td>4</td> </tr> <tr> <td>lime buff, Shattered</td> <td>4</td> <td>12</td> </tr> <tr> <td>lime, buff,</td> <td>12</td> <td>22</td> </tr> <tr> <td>limey shale, grey</td> <td>22</td> <td>44</td> </tr> <tr> <td>lime, buff</td> <td>44</td> <td>72</td> </tr> <tr> <td>lime flinty, grey</td> <td>72</td> <td>96</td> </tr> <tr> <td>Shale grey</td> <td>96</td> <td>100</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>				2 Type and color of material	From	To	Soil	0	4	lime buff, Shattered	4	12	lime, buff,	12	22	limey shale, grey	22	44	lime, buff	44	72	lime flinty, grey	72	96	Shale grey	96	100	(use a second sheet if needed)			5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
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				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																													
				7 Casing: Material Iron Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 10 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																													
				8 Screen: Manufacturer Open Hole Screen 20' Type _____ Dio. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																													
				9 Static water level: 50 ft. below land surface Date 6-28-74																													
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 g.p.m.																													
				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____																													
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																													
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 20 ft.																													
				14 Nearest source of possible contamination: ft. 100 Direction SW Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																													
16 Remarks: elevation Owner sent in sample of water after well was completed.				17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Bailey Drilling Co 209 Business name _____ License No. _____ Address Burden Kans. Signed Donald Bailey Date 6-8-75 Authorized Representative																													

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